

ulcers (mostly developing on the site of cut or lacerated wounds, or bites) in which (after an unsuccessful employment of iodoform, naphthalin, corrosive sublimate and such-like ordinary means) the varnish and dressing changed every 2 or 3 days, brought about healing in from 7 to 13 days, a marked improvement commencing already after the first dressing (pain lessened or disappeared altogether, granulations became more lively, pus thicker and less profuse, etc.). Similarly good results were obtained by the author in recent cut wounds. On the whole, Dr. Nikolsky comes to the conclusion that the varnish dressing though possessing relatively weak disinfecting properties, affords a very good astringent and hermetically protecting means which fully deserves the practitioner's attention, and that the more so that it is very cheap and simple, and allows the patients of working classes to remain on their legs all through.—*Russkaia Meditzina*, No. 28, 1889.

**III. Two Cases of Self-Mutilation.** By DR. IVAN S. KILDIUSHEVSKY (Bendery, Russia.) The author details two cases of self-inflicted lesions, both referring as usual to young soldiers trying to get rid of military service (*Cf.* Dr. A. A. Leshtchinsky's paper in *ANNALS OF SURGERY*, July, 1888, p. 49.) One of the patients was admitted on account of intense œdema of the right foot, swelling, redness and pain about the ankle-joint, a slightly elevated, shining, livid ovoid patch, measuring  $1\frac{1}{2} \times \frac{1}{2}$  cm. and situated near the inner maleolus. The patient stated that he had "stumbled against a threshold and fallen. Two days later, the patch transformed into a fluctuating tumor. On examining the region through a magnifying glass, a very fine scar could be discerned near the joint on its inner side. The tumor was incised, a sanguinolent flocky fluid escaping. The flocks proved to be as many pieces of some gauze fabric (in other words, the lesions had been produced by introducing under the skin some gauze impregnated with a caustic substance.) The temperature remained normal all through, except one evening, when it rose up to  $38^{\circ}$  C.

The other patient was admitted with double orchitis, right sided epididymitis, reddened and brown spotted scrotum, and right-sided inguinal bubo; all of which were attributed by the lad to his having

received "a blow on the testes by the butt-end of a gun five days previously." On the 5th day (since admission), the bubo became fluctuating, but the temperature remained normal. A free incision gave issue to 4 or 5 ounces of a blood-stained puriform matter. On the 9th day, a small puncture-like opening, discharging a sanguinolent fluid, appeared on the lower surface of the right side of the scrotum, and 3 days later on the left. On pressure, the latter yielded about 3 ounces of a blood-stained serum united with numerous bits of a thin transparent paper. Both of the patients speedily recovered and, of course, remained soldiers.—*Voëno Meditsinsky Jürnal*, April, 1889.

VALERIUS IDEISON (Berne).

## BONES, JOINTS, ORTHOPÆDIC.

I. Is Bone Tuberculosis Hereditary? By JULIUS DOLLINGER (Budapest.) The author observed, several years ago, that the parents of children presented for treatment for tuberculosis of bony structures were rarely tuberculous themselves, but that either one of the grand-parents had died of pulmonary tuberculosis. More recently inquiries made among patients and their relatives reveals a fact not hitherto noted, namely, that tuberculosis of bone occurs most commonly in the grand-children of those who have either died as a result of or suffered from pulmonary tuberculosis. The bony structures are probably influenced by the tubercular tendency during the succeeding generation, becoming, so to speak, weakened and forming a favorable pabulum for the development of the bacillus of Koch.—*Centralblatt f. Chirg.*, No. 35. 1889.

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II. When Ought a Tubercular Vertebral Abscess to be Opened? By DR. J. DOLLINGER (Budapest.) In 1883 Dollinger published a case of early operated psoas-abscess and described his method of reaching the same before it had progressed to Poupert's ligament. As this procedure has recently been condemned by Lorenz, Dollinger takes up the question anew on the basis of 15 later cases operated by him.